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FEE TRANSMITTAL	C mplete if Known	
for FY 2003 Patent fees are subject to annual revision.	Application Number	09/694,519
- The state of the	Confirmation Number	9641
	Filing Date	10/23/2000
	First Named Inventor	Robert Joseph Isfort
	Examiner Name	Teresa E. Strzelecka
TOTAL	Group/Art Unit	1637
TOTAL AMOUNT OF PAYMENT (\$)1160.00	Attorney Docket No.	8311

METHOD OF PAYMENT (check one)	FEE CALCULATION	
The Commissioner is hereby authorized to charge indicated fees and credit any own research.	FEE CALCULATION (continued) 3. ADDITIONAL FEES)
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JBTOTAL (1)	1403 280 Request for oral hearing	0
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	(37 CFR § 1.129(a))	
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202 18 Claims in excess of 20	examined (37 CFR §1.129(b)	
201 84 Independent claims in excess of 3	1801 750 Request for Continued Examination (DCE)	0
	1802 900 Request for expedited examination	(x)
203 280 Multiple dependent claim, if not paid	Of a design annication	0
204 84 **Reissue independent claims over original patent	1454 1300 Acceptance of uninterplantly filtered claim for priority under 35 U.S.C. 119, 120, 121, or 365 (2) or Co.	
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